

McLean County Public Schools

Motor Screening

Date: _____ Student Name: _____
Date of Birth _____ Grade: _____ School: _____

1. Summarize your major concerns regarding this student's motor functioning in the school setting.

- No concerns (If no concerns, do not complete rest of page).
- Fine Motor and Sensory Concerns:
 - Poor pencil/crayon use
 - Poor cutting skills
 - Poor note taking or copying information from the board
- Gross Motor Concerns:
 - Difficulty with mobility in the classroom
 - Frequent falls
 - Difficulty changing positions (in/out of chairs; up/down from floor)
 - Poor posture due to low or high muscle tone

Comments: _____

